Fill in this information to identify your ca	ase:						
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS							
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13				heck if this is mended filing		heck if this is an mended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name		
Write the name that is or government-issued pictu	re First Name	Joyce First Name
identification (for exampl your driver's license or passport).	Ray Middle Name	Louise Middle Name
	Saunders	Saunders
Bring your picture identification to your mee	Last Name ting	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
. All other names you		
have used in the last 8 years	First Name	First Name
Include your married or	Middle Name	Middle Name
maiden names.	Last Name	Last Name
. Only the last 4 digits of your Social Security	xxx - xx - <u>5</u> <u>9</u> <u>0</u> <u>1</u>	xxx - xx - <u>8</u> <u>5</u> <u>8</u> <u>6</u>
number or federal Individual Taxpayer	OR	OR
Identification number (ITIN)	9xx - xx	9xx - xx

Debtor 1 Debtor 2 Milton Ray Saund Joyce Louise Sau				case number (if known)			
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	and Emp		✓ I have not used any business names or EINs.	✓ I have not used any business names or EINs.			
		tion Numbers have used in years	Business name	Business name			
		ade names and	Business name	Business name			
	doing bus	iness as names	Business name	Business name			
			EIN	EIN			
5.	Where yo	ou live		If Debtor 2 lives at a different address:			
			6691 FM 482				
			Number Street	Number Street			
			New Braunfels TX 78132				
			City State ZIP Code	City State ZIP Code			
			Comal County	County			
			the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
			Number Street	Number Street			
			P.O. Box	P.O. Box			
			City State ZIP Code	City State ZIP Code			
6.		are choosing	Check one:	Check one:			
	bankrupt		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)			
P	art 2:	Tell the Court A	About Your Bankruptcy Case				
7.		cy Code you	Check one: (For a brief description of each, see Notion of Bankruptcy (Form 2010)). Also, go to the top of particles of the second of the seco	ce Required by 11 U.S.C. § 342(b) for Individuals Filing age 1 and check the appropriate box.			
	are choos under	sing to file	Chapter 7				
			Chapter 11				
			Chapter 12				
			Chapter 13				

	otor 1 Milton Ray Saunde Joyce Louise Sau				Case numb	per (if known)	
8. How you will pay the fee			court pay w	pay the entire fee when I file my petiti for more details about how you may pay vith cash, cashier's check, or money orde If, your attorney may pay with a credit ca	r. Typically er. If your a	, if you are pay attorney is subr	ing the fee yourself, you may mitting your payment on your
				d to pay the fee in installments. If you duals to Pay The Filing Fee in Installmen			and attach the Application for
			By law than fee in	west that my fee be waived (You may rw, a judge may, but is not required to, wa 150% of the official poverty line that apport installments). If you choose this option Fee Waived (Official Form 103B) and fi	aive your fe lies to your , you must	e, and may do family size and fill out the App	so only if your income is less d you are unable to pay the
9.	Have you filed for bankruptcy within the		No				
	last 8 years?		Yes.				
		Dist	rict _		_ When _		Case number
		Dist	rict _				Case number
		Dist	rict _				Case number
10.	Are any bankruptcy	$\overline{\mathbf{Q}}$	No				
	cases pending or being filed by a spouse who is	_	Yes.				
	not filing this case with	— Deb	tor			Relationsh	ip to you
	you, or by a business partner, or by an affiliate?	Dist	rict _		When _		Case number,
		Deb	tor _			Relationsh	ip to you
		Dist	rict _			IM / DD / YYYY	Case number,if known
11.	Do you rent your residence?		No. Yes.	Go to line 12. Has your landlord obtained an eviction	judgment a	against you?	
				No. Go to line 12. Yes. Fill out Initial Statement Aborand file it as part of this bankrupto		ion Judgment /	Against You (Form 101A)

	htor 1 Milton Ray Saunder Joyce Louise Saun			Case number	er (if known) _		
P	art 3: Report About Ar	າy Bເ	ısine	sses You Own as a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			d/b/a Milton Saunders (Sign consulting) Name of business, if any 6691 FM 482 Number Street			
	Maria barra aran da aran ar			New Braunfels	TX	<u>7813</u>	2
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City Check the appropriate box to describe your busine	State	ZIP Co	ode
	to the petition.			 ☐ Health Care Business (as defined in 11 U.S.C. ☐ Single Asset Real Estate (as defined in 11 U.S.C. ☐ Stockbroker (as defined in 11 U.S.C. § 101(53) ☐ Commodity Broker (as defined in 11 U.S.C. § ☑ None of the above 	S.C. § 101(51B 3A))	3))	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	can mos	set ap st recei	filing under Chapter 11, the court must know whethe propriate deadlines. If you indicate that you are a sint balance sheet, statement of operations, cash-flow if these documents do not exist, follow the procedure	mall business of statement, and	debtor, you d federal ir	must attach your ncome tax return
	debtor?		No.	I am not filing under Chapter 11.			
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapter 11, but I am NOT a small the Bankruptcy Code.	business debto	or accordir	ng to the definition in
			Yes.	I am filing under Chapter 11 and I am a small busin Bankruptcy Code.	ness debtor acc	cording to t	the definition in the
P	Report If You Ov	vn or	· Hav	e Any Hazardous Property or Any Prope	rty That Ne	eds Imm	nediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?			
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property? Number Street			
				City		State	ZIP Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. **About Debtor 1:**

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

credit counselin	g because of:
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me

☐ I am not required to receive a briefing about

deficiency that makes me incapable of realizing or making rational decisions about finances.

through the internet, even after I

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	about
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Milton Ray Saunders Debtor 2 **Joyce Louise Saunders** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do you 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) have? as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. $\overline{\mathbf{Q}}$ 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer or business debts. 17. Are you filing under Chapter 7? I am not filing under Chapter 7. Go to line 18. No. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after any exempt property is administrative expenses are paid that funds will be available to distribute to unsecured creditors? excluded and **☑** No administrative expenses are paid that funds will be ☐ Yes available for distribution to unsecured creditors? 18. How many creditors do 1,000-5,000 25,001-50,000 1-49 you estimate that you 50-99 5,001-10,000 50,001-100,000 owe? 10,001-25,000 More than 100,000 100-199

П

П

\$1,000,001-\$10 million

\$10,000,001-\$50 million

\$50,000,001-\$100 million

\$1,000,001-\$10 million

\$10,000,001-\$50 million

\$50,000,001-\$100 million

\$100,000,001-\$500 million

\$100,000,001-\$500 million

\$500,000,001-\$1 billion

More than \$50 billion

More than \$50 billion

\$500,000,001-\$1 billion

\$1,000,000,001-\$10 billion

\$10,000,000,001-\$50 billion

П

П

П

\$1,000,000,001-\$10 billion

\$10,000,000,001-\$50 billion

200-999

П

 $\overline{\mathbf{M}}$

 \square

\$0-\$50,000

\$0-\$50,000

\$50,001-\$100,000

\$100,001-\$500,000

\$500,001-\$1 million

\$50,001-\$100,000

\$100,001-\$500,000

\$500,001-\$1 million

19. How much do you

20. How much do you

be?

be worth?

estimate your assets to

estimate your liabilities to

Debtor 1 Milton Ray Saunders
Debtor 2 Joyce Louise Saunders Case number (if known)

Part 7:

Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Milton Ray Saunders

X /s/ Joyce Louise Saunders

Joyce Louise Saunders, Debtor 2

Milton Ray Saunders, Debtor 1

Executed on 05/31/2019

MM / DD / YYYY

Executed on 05/31/2019 MM / DD / YYYY

Debtor 1 Debtor 2	Milton Ray Saund Joyce Louise Sau		Case number (if kno	own)				
For your attorney, if you are represented by one		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to						
If you are not represented by an attorney, you do not need to file this page.		the debtor(s) the notice required	the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition					
		X /s/ JL Riemenschneider- Signature of Attorney for Deb		e 05/31/2019 MM / DD / YYYY				
		JL Riemenschneider-Mc Printed name						
		Riemenschneider-McCra Firm Name 267 West Mill Street Number Street	ry Law Office					
		- Street						
		New Braunfels	TX	78130				
		City	State	ZIP Code				

Email address **frauleinj@sbcglobal.net**

TX State

Contact phone (830) 708-2297

24046717Bar number

Fill in this info	ormation to i	dentify your case	and this filing:		
Debtor 1	Milton First Name	Ray Middle Name	Saunders Last Name		
Debtor 2	Joyce	Louise	Saunders		
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	_	
Case number (if known)				—	ck if th nded f

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

 Do you own or have any legal or equital No. Go to Part 2. Yes. Where is the property? 	ble interest in any residence, building, lan	d, or similar property?		
1.1. Street address, if available, or other description 6691 FM 482 New Bra TX 78132 City State ZIP Code Comal County 6691 FM 482 New Braunfels, TX 78132	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$107,908.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Schedule D: Current value of the portion you own? \$107,908.00		
	☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe Other information you wish to add about property identification number:		nunity property	

A-484, SUR-99 F. Rodriguez 3.567 acres FUQUA 28'x52' Mobile home A- 14'x52' FHO70576A86 B-14'x52' FHC70576B86

(Mobile Home is 33 years old and needs a complete remodel)

(Debtors objected to the county appraisal and it will be lowered to \$145,000, but Debtor thinks the appraised value is still too high.)

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders	C:	ase number (if known)	
1.2. Street address, if available, or other description 151 Petaloma Blvd. S TX 78221 City State ZIP Code Bexar	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured clai amount of any secured clain Creditors Who Have Claim Current value of the entire property? \$54,200.00 Describe the nature of your interest (such as fee simple entireties, or a life estate)	ims on Schedule D: s Secured by Property. Current value of the portion you own? \$54,200.00 ur ownership ole, tenancy by the
County 151 Petaloma Blvd. San Antonio, TX 78221 (Home built in 1947, not in livable condition) NCB 9470 Block 3, Lot 14, 10034 acre San Antonio, Bexar County, Texas	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:		nunity property
1.3. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the	ims on Schedule D:
6643 FM 482 New Bra TX 78132 City State ZIP Code	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare	entire property? \$100.00 Describe the nature of yo interest (such as fee simple)	\$100.00 ur ownership ole, tenancy by the
Comal County 6643 FM 482 New Braunfels, TX 78132	Other Other Other Check one.	entireties, or a life estate)	, if known.
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		nunity property
Extra Single wide trailer that sits on hor unit has a separate mailing address for value. (Not in livable condition)		provement on the homest	
	own for all of your entries from Part 1, inc Part 1. Write that number here		\$162,208.00
Part 2: Describe Your Vehicles			
Do you own, lease, or have legal or equitable you own that someone else drives. If you lease		_	-
3. Cars, vans, trucks, tractors, sport utility	vehicles, motorcycles		
□ No ☑ Yes			

		Ray Saunders Louise Saunders	Cas	se number (if known)	
3.1. Make: Model: Year: Approximate r Other informa 1994 Oldmo miles) white	ation: obile 98	(approx. 127,702	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property? \$500.00	ms on Schedule D:
(has paint &					
3.2. Make: Model: Year:	ilooge:	Buick LeSabre 1997	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property?	ms on Schedule D: s Secured by Property. Current value of the portion you own?
Approximate r Other informa 1997 Buick miles) blue (has body d	ation: LeSabro 4 door	re (approx. 141,541	☐ At least one of the debtors and another Check if this is community property (see instructions)	\$800.00	\$800.00
miles) Vehicle doe has paint da	ation: E150 Var es not ru amage.	Ford E150 Van 2004 320,835 In (approx. 320,835 un, needs engine, son when running)	Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property? \$245.00	ms on Schedule D:
3.4. Make: Model: Year: Approximate r Other informa 1993 Ford F miles) white Vehicle doe transmissio damage 4. Watercra Example Vehicle Yes	mileage: ation: F150 (ap e 2 door es not ru on work; aft, aircra	Ford F150 1993 372,184 oprox. 372,184 r. un, it needs s, and has body aft, motor homes, ATVs s, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	notorcycle accessories	ms on Schedule D:
			own for all of your entries from Part 2, inclured Part 2. Write that number here	- ·	\$1,745.00

Debtor 1 Debtor 2	Milton Ray Saunders Joyce Louise Saunders	Case number (if known)	
Part 3:	Describe Your Personal and Household Items		
Do you ow	n or have any legal or equitable interest in any of the following items?		Current portion y Do not d

Doy	ou own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	No ✓ Yes. Describe See continuation page(s).	\$2,570.00
7.	Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	✓ No ☐ Yes. Describe	
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No Yes. Describe	
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes. Describe	
10.	Firearms <i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment	
	□ No ☑ Yes. Describe Winchester Model 1300 12 gauge shotgun	\$50.00
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	 No ✓ Yes. Describe men's, women's, & children's clothing, shoes, coats, and accessories 	\$550.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	 No Yes. Describe wedding rings, costume jewerly, bracelets 	\$120.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	✓ No ☐ Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No Yes. Give specific information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have	\$3,290.00

	otor 1 otor 2		on Ray Saunder ce Louise Saund		Case number (if known)				
P	art 4:	De	scribe Your Fi	nancial Assets					
Do :	you owr	n or ha	ave any legal or ed	quitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.			
16.	Cash Examp		loney you have in y etition	our wallet, in your home, in a safe deposit box, a	nd on hand when you file your				
	□ No ✓ Yes				Cash:	\$26.32			
17.	Depos i <i>Examp</i>	les: C	hecking, savings,	or other financial accounts; certificates of deposit and other similar institutions. If you have multiple					
	□ No ✓ Yes			Institution name:					
	17	7.1.	Checking account:	RBFCU Checking account ending in	n 5931	\$200.05			
	17	7.2.	Checking account:	Checking account at SSFCU ending	in #0548	\$16.74			
	17	7.3.	Savings account:	SSFCU Savings account ending in #	‡ 5010	\$5.00			
	17	7.4.	Savings account:	Savings account at RBFCU ending i	in 6243	\$50.01			
18.	Examp	les: B	ual funds, or public ond funds, investm	cly traded stocks nent accounts with brokerage firms, money marke	et accounts				
	✓ No ☐ Yes		Inst	titution or issuer name:					
19.		•		l interests in incorporated and unincorporated ship, and joint venture	businesses, including				
	info	s. Giv ormati	re specific on about	me of entity:	% of ownership:				
	uie	. 1 1 1	Nar	no or ornity.	70 OI OWITEISTIIP.				

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No No

Yes. Give specific information about them...... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☑ No

Yes. List each

account separately. Type of account: Institution name:

	tor 1 tor 2	Milton Ray Saur Joyce Louise Sa		Case number (if known)	
22.	Your sh Exampl		posits you have made so that you n	may continue service or use from a company ities (electric, gas, water), telecommunications	
	✓ No	S	Institution name	or individual:	
23.	_			by to you, either for life or for a number of years)	
	☑ No				
			Issuer name and description:	DIE	
24.	26 U.S.		PA(b), and 529(b)(1).	ABLE program, or under a qualified state tuition pro	ogram.
	✓ No Yes	S	Institution name and description.	Separately file the records of any interests. 11 U.S.C.	§ 521(c)
25.		equitable or future		anything listed in line 1), and rights or	
	✓ No	s. Give specific ormation about them			
26.			marks, trade secrets, and other in names, websites, proceeds from ro		
		s. Give specific ormation about them			
27.			other general intangibles s, exclusive licenses, cooperative as	ssociation holdings, liquor licenses, professional licens	ses
	□ No				**
		s. Give specific ormation about them	TDLR Master Sign License, n	on transferable	\$0.00
Mor	ey or pr	operty owed to yo	u?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you			
	abo you	s. Give specific info out them, including v already filed the ref	whether turns	Federal State:	:
	and	I the tax years		Local:	
29.	-	support les: Past due or lum	p sum alimony, spousal support, ch	nild support, maintenance, divorce settlement, property	v settlement
	✓ No	s. Give specific info	rmation	Alimony:	
	⊔ ' ' '	. Oive specific illio	manon	Maintenance:	
				Support:	
				Divorce settlement:	
				Property settlement	· ·

	tor 1 tor 2	Milton Ray Saunder Joyce Louise Saund		Case number (if known)	
30.	Examp		bility insurance payments, disability benefits, si al Security benefits; unpaid loans you made to		
31.	Examp.	·	s life insurance; health savings account (HSA); o	credit, homeowner's, or renter's insu	ırance
	cor	s. Name the insurance mpany of each policy	Company name:	Danafisian u	Currender or refund value
	and	d list its value	Company name: Fidelity Life policy Term Life \$80,000 No CASH VALUE	Beneficiary: Spouse	Surrender or refund value: \$0.00
			Monumental Life Accidental Death Policy \$100,000.00	<u>·</u>	
			NO CASH VALUE CMFG Life whole life policy	Spouse	\$0.00
			Death Benefit \$6,000.00	Spouse	\$218.78
			CMFG Life Accidental Death & Dismemberment Policy \$100,000.00 Death Benefit No Cash Value	Spouse	\$0.00
32.	If you a		s due you from someone who has died ving trust, expect proceeds from a life insurance ause someone has died	e policy, or are currently	
	✓ No	s. Give specific informat	iion		
33.	Examp. ✓ No		whether or not you have filed a lawsuit or ma nent disputes, insurance claims, or rights to sue 		
34.	rights t	contingent and unliquid to set off claims	lated claims of every nature, including count	terclaims of the debtor and	
	✓ No	s. Describe each claim			
35.	Any fin	ancial assets you did r	not already list		
	✓ No ☐ Yes	s. Give specific informat	ion		
36.			our entries from Part 4, including any entrie		\$516.90
Pa	art 5:	Describe Any Busi	ness-Related Property You Own or	Have an Interest In. List an	y real estate in Part 1.
37.	Do you	own or have any legal	or equitable interest in any business-related	d property?	
	ب	. Go to Part 6. s. Go to line 38.			

	tor 1	Milton Ray Saunders		
Deb	tor 2	Joyce Louise Saunders	Case number (if known)	
38.	Accour	nts receivable or commissions you already earned		Current value of the portion you own? Do not deduct secured claims or exemptions.
	☑ No	, ,		
	ب	s. Describe		
39.	Exampl	equipment, furnishings, and supplies les: Business-related computers, software, modems, printers, copiers, fax desks, chairs, electronic devices	machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe		
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools of y	our trade	
	✓ No ☐ Yes	s. Describe		
41.	Invento	ory		
	✓ No ☐ Yes	s. Describe		
42.	Interes	ts in partnerships or joint ventures		
	✓ No ☐ Yes	s. Describe Name of entity:	% of ownership:	
43.	Custon	ner lists, mailing lists, or other compilations		
	✓ No ☐ Yes	s. Do your lists include personally identifiable information (as defined No Yes. Describe	I in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No ☐ Yes	s. Give specific information.		
45.		e dollar value of all of your entries from Part 5, including any entries fed for Part 5. Write that number here		\$0.00
Pa		Describe Any Farm- and Commercial Fishing-Related Professional formal of the series of	operty You Own or Have a	n Interest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commerci	al fishing-related property?	
		Go to Part 7. S. Go to line 47.		
47.	Farm a	nimals		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Exampl	les: Livestock, poultry, farm-raised fish		
	✓ No	S		

	tor 1 tor 2	Milton Ray Saunders Joyce Louise Saunders	Case nu	umber (if known)	
48.	Crops-	either growing or harvested			
		s. Give specific			
49.	Farm a	nd fishing equipment, implements, machinery, fixtures	, and tools of trade		
	✓ No				
50.	Farm a	nd fishing supplies, chemicals, and feed			
	✓ No ☐ Yes				
51.	Any fa	m- and commercial fishing-related property you did no	t already list		
		s. Give specific ormation			
52.	Add the	e dollar value of all of your entries from Part 6, includined for Part 6. Write that number here	g any entries for pages y	/ou have 	\$0.00
Pa	art 7:	Describe All Property You Own or Have an Ir	nterest in That You [Did Not List Above	e
53.	Examp No	have other property of any kind you did not already listles: Season tickets, country club membership s. Give specific information.	at?		
54	 Add th	e dollar value of all of your entries from Part 7. Write th	ast number here	-	\$0.00
		•	at namber nere		
Pa	art 8:	List the Totals of Each Part of this Form			
55.	Part 1:	Total real estate, line 2		→	\$162,208.00
56.	Part 2:	Total vehicles, line 5	\$1,745.00		
57.	Part 3:	Total personal and household items, line 15	\$3,290.00		
58.	Part 4:	Total financial assets, line 36	\$516.90		
59.	Part 5:	Total business-related property, line 45	\$0.00		
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7:	Total other property not listed, line 54	+\$0.00		
62.	Total p	ersonal property. Add lines 56 through 61	\$5,551.90	Copy personal property total	+ \$5,551.90
63.	Total o	f all property on Schedule A/B. Add line 55 + line 62			\$167,759.90

Debt		Joyce Louise Saunders	Case number (if known)	
6.	House	ehold goods and furnishings (details):		
		s, 2 sofas, loveseat, table, 4 chairs, 2 desks, 2 beds, fridge, chi outer, 2 lawnmowers	na cabinet, 2 dressers, shelf,	\$2,000.00
	pictu	home furnishings including: home decor, kitchen appliances res, pots & pans, books, dishes & silverware, collectibles, toys ronics, plants	· · · · — · · —	\$570.00

Fill in this inf	ormation to ider	ntify your	case:					
Debtor 1	Milton	Ray	Saunders	s				
Debtor 2	First Name Joyce	Middle Name	e Last Name Saunders	s				
(Spouse, if filing)		Middle Nam						
	nkruptcy Court for the	e: WESTER	N DISTRICT OF TE	=XAS	<u> </u>		Check if thi	
Case number (if known)	-						amended	mig
Official Form	106C							
Schedule C:	The Property	y You Cl	aim as Exemp	ot				04/19
Using the property space is needed, fi write your name an For each item of p is to state a specific exempted up to the receive certain be exemption of 100% property is determined.	you listed on Schedull out and attach to the dease number (if knoroperty you claim a fic dollar amount as the amount of any appetits, and tax-exenty of fair market valunined to exceed that	ule A/B: Propis page as mown). Is exempt, you exempt. All plicable stampt retirement under a late amount, you	our must specify the a lternatively, you may tutory limit. Some ex not funds—may be unlaw that limits the exe our exemption would	6A/B) 2: Add amou clain kemp limite	as your source, I ditional Page as ant of the exempt in the full fair man tionssuch as the d in dollar amou on to a particular	st the proper necessary. (ion you clai ket value of ose for heal nt. However dollar amo	ty that you clain on the top of an m. One way of the property b th aids, rights r, if you claim a unt and the valu	n as exempt. If more y additional pages, doing so eing to in
Part 1: Ide	ntify the Proper	ty You Cla	aim as Exempt					
1. Which set of	exemptions are you	claiming?	Check one only,	even	if your spouse is	filing with you	I.	
	claiming state and fe claiming federal exer		hkruptcy exemptions.	11 U.	S.C. § 522(b)(3)			
_	-		nat you claim as exen	nnt f	ill in the informa	tion below		
	of the property and		Current value of	•	ount of the		fic laws that al	low exemption
•	lists this property	iiile Oil	the portion you own		mption you clain	-	nc iaws that ai	iow exemption
			Copy the value from Schedule A/B		ck only one box f h exemption	or		
A-484, SUR-99 F FUQUA 28'x52' I A- 14'x52' FHO70 B-14'x52' FHC70 (Mobile Home is complete remod (Debtors objecte and it will be low	0576A86 0576B86 33 years old and lel) ed to the county a vered to \$145,000	acres needs a ppraisal , but	\$107,908.00		\$107,908.00 100% of fair mar value, up to any applicable statut limit	ket Prop	st. art. 16 §§ 5 . Code §§ 41.0	
Debtor thinks th too high.) Line from Schedule	e appraised value	e is still						
	=	-	more than \$170,350? years after that for cas		ed on or after the	date of adjus	stment.)	
No Yes. Did No No Yes		perty covered	d by the exemption wit	hin 1,	215 days before <u>y</u>	ou filed this	case?	

Debtor 1 Milton Ray Saunders
Debtor 2 Joyce Louise Saunders

Case number (if known)

Part 2: Additional Page						
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Check only one box for each exemption				
Brief description: 6643 FM 482 New Braunfels, TX 78132 Extra Single wide trailer that sits on homestead property and listed as an improvement on the homestead property, but the unit has a separate mailing address for USPS. It is used as a storage unit. Debtors have objected to the county appraisal value. (Not in livable condition) Line from Schedule A/B:1.3	<u>\$100.00</u>		\$100.00 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002		
Brief description: 1994 Oldmobile 98 (approx. 127,702 miles) white 4 door (has paint & body damage) Line from Schedule A/B:3.1	\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)		
Brief description: 1997 Buick LeSabre (approx. 141,541 miles) blue 4 door (has body damage) Line from Schedule A/B:	\$800.00		\$800.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)		
Brief description: 2004 Ford E150 Van (approx. 320,835 miles) Vehicle does not run, needs engine, has paint damage. (Used for disabled son when running) Line from Schedule A/B:	\$245.00		\$245.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)		
Brief description: 2 TVs, 2 sofas, loveseat, table, 4 chairs, 2 desks, 2 beds, fridge, china cabinet, 2 dressers, shelf, computer, 2 lawnmowers Line from Schedule A/B: 6	\$2,000.00		\$2,000.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief description: Small home furnishings including: home decor, kitchen appliances, tools, towels & linens, pictures, pots & pans, books, dishes & silverware, collectibles, toys, DVDs, CDs, small electronics, plants Line from Schedule A/B: 6	<u>\$570.00</u>		\$570.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief description: Winchester Model 1300 12 gauge shotgun Line from Schedule A/B:10	\$50.00		\$50.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)		

Debtor 1 Milton Ray Saunders
Debtor 2 Joyce Louise Saunders

Case number (if known)

Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$550.00 \$550.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ men's, women's, & children's clothing, 100% of fair market 42.002(a)(5) shoes, coats, and accessories value, up to any applicable statutory Line from Schedule A/B: 11 limit Brief description: \$120.00 Tex. Prop. Code §§ 42.001(a), \$120.00 $\overline{\mathbf{V}}$ wedding rings, costume jewerly, bracelets 100% of fair market 42.002(a)(6) value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$0.00 \$0.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{V}}$ 42.002(a)(4) TDLR Master Sign License, non 100% of fair market transferable value, up to any applicable statutory Line from Schedule A/B: 27 limit Brief description: \$0.00 \$0.00 Tex. Ins. Code §§ 1108.001, $\overline{\mathbf{Q}}$ Fidelity Life policy Term Life \$80,000 100% of fair market 1108.051 No CASH VALUE value, up to any applicable statutory Line from Schedule A/B: 31 limit Brief description: \$0.00 \$0.00 Tex. Ins. Code §§ 1108.001, $\overline{\mathbf{A}}$ **Monumental Life Accidental Death Policy** 100% of fair market 1108.051 \$100,000.00 value, up to any applicable statutory NO CASH VALUE limit Line from Schedule A/B: 31 Brief description: \$218.78 \$218.78 Tex. Ins. Code §§ 1108.001, $\overline{\mathbf{A}}$ CMFG Life whole life policy 100% of fair market 1108.051 Death Benefit \$6,000.00 value, up to any Line from Schedule A/B: 31 applicable statutory limit Brief description: Tex. Ins. Code §§ 1108.001, \$0.00 \$0.00 $\overline{\mathbf{V}}$ **CMFG Life** 1108.051 100% of fair market **Accidental Death & Dismemberment** value, up to any applicable statutory **Policy** limit \$100,000.00 Death Benefit No Cash Value Line from Schedule A/B:

Fill in this int	formation to identif	v vour case:				
Debtor 1		Ray liddle Name	Saunders Last Name			
Debtor 2	Joyce L	ouise.	Saunders			
(Spouse, if filing)		liddle Name	Last Name			
United States Ba	inkruptcy Court for the: <u>V</u>	VESTERN DIS	STRICT OF TEXAS			
Case number					Chook if this is	
(if known)					Check if this is amended filing	
Official Form	106D					
	: Creditors Who	Have Cla	ims Secured by	Property		12/15
on the top of any 1. Do any credi No. Che Yes. Fill Part 1: Lis 2. List all secur	nd accurate as possible on. If more space is need additional pages, write tors have claims secure eck this box and submit the lin all of the information of the information of the claims. If a creditor creditor separately for each	eded, copy the your name and ed by your prophis form to the obelow.	Additional Page, fill it of case number (if known perty? Ourt with your other schedule one secured	out, number the entri	es, and attach it to thi	s form.
creditor has a	particular claim, list the sible, list the claims in alp	other creditors i phabetical order	n Part 2. As according to the	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion
2.1		Describe the secures the	property that claim:	\$68,525.30	\$54,200.00	\$14,325.30
Mr Cooper Creditor's name		- 151 Petalon	na Blvd. San			
8950 Cypress V	Vaters Blvd	Antonio, TX	78221			
- Street		=				
			e you file, the claim is:	Check all that apply.		
Coppell	TX 75019	⁻				
City	State ZIP Code	Disputed	icu			
Who owes the de	bt? Check one.	ш .	Check all that apply.			
Debtor 1 only		An agree	ment you made (such as	mortgage or secured	car loan)	
☐ Debtor 2 only ☐ Debtor 1 and [Debtor 2 only		lien (such as tax lien, m	echanic's lien)		
_	the debtors and another	. 🗀	t lien from a lawsuit			
Check if this to a communi	claim relates	▼ Other (inc	cluding a right to offset) lortgage			
Date debt was inc	curred	Last 4 digits	of account number	0 0 1 6		
Debtors do not	live in this property a	– ınd want to sı	urrender it in the ban	kruptcy.		
Add the dollar val	lue of your entries in Co :	olumn A on this	s page. Write	\$68,525.30		
If this is the last p	page of your form, add that number here:	he dollar value	totals from	\$68,525.30		

Em to di to to		11								
Fill in this inf	ormation to i	dentify your c	as	e: 						
Debtor 1	Milton	Ray		Saunders	-					
	First Name	Middle Name		Last Name						
Debtor 2	Joyce	Louise		Saunders	.					
(Spouse, if filing)	First Name	Middle Name		Last Name						
United States Bar	nkruptcy Court fo	or the: WESTERN	N D	ISTRICT OF TEXAS						
Case number (if known)									Check if this is a amended filing	an
Official Form	106E/F				_					
Schedule E/	F: Credito	rs Who Hav	еl	Jnsecured Claims						12/15
Do not include any if more space is not to this page. On the space is not to this page.	y creditors with eeded, copy the he top of any ac	partially secured Part you need, f	d cla ill it vrite	on Schedule G: Executory Commission Schedule out, number the entries in the eyour name and case number cured Claims	le <i>D: C</i> e boxe	<i>redit</i> s on	ors l	Vho F	lold Claims Secur	ed by Property.
1. Do any credit	tors have priorit	y unsecured clai	ms	against you?						
☐ No. Go t ☑ Yes.	o Part 2.									
claim. For ear show both price more space is	ch claim listed, id ority and nonprio	dentify what type o rity amounts. As n rity unsecured clai	of cla	ditor has more than one priority aim it is. If a claim has both prior has possible, list the claims in a fill out the Continuation Page of	rity an alphab	d nor etical	nprior orde	ity am	ounts, list that clair ording to the credito	m here and or's name. If
(For an explar	nation of each tvi	oe of claim, see th	e in	structions for this form in the ins	structio	n boo	oklet.			
(, 2, 3, 2, 4, 2, 4, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,							l clai	m	Priority amount	Nonpriority amount
2.1						\$	2,81	6.31	\$2,816.31	\$0.00
Comal County T			- 14	ast 4 digits of account number	. 1	2	2			
Priority Creditor's Nam 205 N. Sequin	е			· ·			3_			
Number Street			_ W	hen was the debt incurred?	201	3			_	
PO Box 311445			- A:	s of the date you file, the clain	n is: C	heck	all th	at ap	oly.	
			Е	Contingent						
New Braunfels	тх	78130		Unliquidated						
City	State	ZIP Code	- [Disputed						
Who incurred the	debt? Check	one.	Ty	pe of PRIORITY unsecured cl	laim:					
Debtor 1 only			Е	Domestic support obligations						
Debtor 2 only Debtor 1 and D	ehtor 2 only		⊻	Taxes and certain other debts					ent	
	the debtors and	another	L	Claims for death or personal intoxicated	injury \	vniie	you v	vere		
ш	laim is for a co		г	Other. Specify						
Is the claim subje		-	_	. ,						
☑ No										
Yes										

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders	Case number (if known)
Part 2: List All of Your NONPRIORITY Unsecured Claims	
 Yes List all of your nonpriority unsecured claims if a creditor has more than one nonpriority unsecutype of claim it is. Do not list claims already included 	claims against you? Submit this form to the court with your other schedules. In the alphabetical order of the creditor who holds each claim. Foured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.
Alamo City Eye Physicians Nonpriority Creditor's Name 11601 Toepperwein Rd Number Street	\$520.00 Last 4 digits of account number 4 9 1 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
San Antonio TX 78233 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical
Allred Interstate, LLC Nonpriority Creditor's Name P.O. Box 361477 Number Street Columbus OH 43236 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	\$852.52 Last 4 digits of account number 1 1 0 1 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Agency

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$312.59 **Baptist Emergency Hospital** Last 4 digits of account number 0 0 5 5 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 743197 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Dallas** TX 75373 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes П \$4,144.90 Last 4 digits of account number **Baptist Emergency Hospital Schertz** 2 0 7 5 Nonpriority Creditor's Name When was the debt incurred? PO Box 4869 #475 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Houston TX 77210-4869 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$575.00 **Baptist Emergency Hospital Schertz** Last 4 digits of account number 9 9 0 7 Nonpriority Creditor's Name When was the debt incurred? PO Box 4869 #475 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed 77210-4869 Houston TX State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{A}}$ Check if this claim is for a community debt Medical Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$446.16 **Baptist Emergency Hospital Schertz** Last 4 digits of account number <u>4 6 6 6</u> Nonpriority Creditor's Name When was the debt incurred? PO Box 4869 #475 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 77210-4869 Houston TX City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes П \$840.00 Last 4 digits of account number **Business and Professional** 3 2 5 1 Nonpriority Creditor's Name When was the debt incurred? 621 N Alamo St. As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed San Antonio TX 78215 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$1,230.90 **Capital One Bank** Last 4 digits of account number 0 3 3 1 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 30285 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Salt Lake City UT 84130 City State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Contract Claim** Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$3,218.61 Capital One Bank Last 4 digits of account number <u>1 3 8 3</u> Nonpriority Creditor's Name When was the debt incurred? P.O. Box 30285 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Salt Lake City UT 84130 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.10 \$940.55 Last 4 digits of account number Carson Smithfield, LLC 4 1 3 7 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 9216 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Old Bethpage NV 11804 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? **☑** No ☐ Yes 4.11 Unknown **Cash Centrol** Last 4 digits of account number 5 9 0 1 Nonpriority Creditor's Name When was the debt incurred? 6785 Bobcat Way #200 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Dublin** OH 43016 City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt $\mathbf{\Lambda}$ **Personal Loan** Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$322.67 **Chase Bank** Last 4 digits of account number 9 3 9 8 Nonpriority Creditor's Name When was the debt incurred? PO Box 15123 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Wilmington DE 19850 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.13 \$1,348.20 Last 4 digits of account number Chase Bank USA 1 4 6 9 Nonpriority Creditor's Name When was the debt incurred? PO Box 15298 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Wilmington DE 19850 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.14 \$64.50 **Clinical Pathology Labs** Last 4 digits of account number CPAL Nonpriority Creditor's Name When was the debt incurred? P.O. Box 28770 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Austin TX 78755 City State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{A}}$ Check if this claim is for a community debt Medical Is the claim subject to offset? No

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$440.00 **CMRE Financial Services** Last 4 digits of account number E M R D Nonpriority Creditor's Name When was the debt incurred? 3075 E Imperial HWY. Suite.200 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Brea** CA 92821 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? **☑** No Yes П 4.16 \$403.00 Last 4 digits of account number Conn's 9 6 3 4 Nonpriority Creditor's Name When was the debt incurred? PO Box 815867 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Dallas** TX 75234-5867 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Line of Credit** Is the claim subject to offset? **☑** No ☐ Yes 4.17 \$43.63 **Country Door** Last 4 digits of account number 7 5 3 0 Nonpriority Creditor's Name When was the debt incurred? 1112 7th Avenue As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Monroe WI 53566 City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.18 \$566.42 **Credit One Bank** Last 4 digits of account number 3 7 4 3 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 98872 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed ΝV Las Vegas 89193-8873 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.19 \$2,319.08 Last 4 digits of account number Credit Shop, Inc. 7 9 3 2 Nonpriority Creditor's Name When was the debt incurred? 221 W. 6th St. As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Austin** TX 78701 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Personal Loan** Is the claim subject to offset? **☑** No ☐ Yes 4.20 \$332.39 **Discover Financial Service** Last 4 digits of account number 7 1 8 3 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 6103 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Carol Stream** IL 60197 State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{A}}$ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$446.16 **Emerus Corporate Office** Last 4 digits of account number <u>4 6 6 6</u> Nonpriority Creditor's Name When was the debt incurred? 10077 Grogan's Mill Ste 100 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed The Woodlands TX 77380 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.22 \$3,207.38 Last 4 digits of account number Household/Orchard Bank 9 1 8 1 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 30285 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Salt Lake City UT 84130 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.23 \$226.56 Leading Edge Emergency Physicians Last 4 digits of account number 1 2 2 0 Nonpriority Creditor's Name When was the debt incurred? 8686 New Trail Dr. #100 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed The Woodlands TX 77381 City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt Medical Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.24 \$645.93 Lend Up Last 4 digits of account number <u>5 9 0 1</u> Nonpriority Creditor's Name When was the debt incurred? 237 Kearny St #372 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 94108 San Francisco CA ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Personal Loan** Is the claim subject to offset? **☑** No Yes П 4.25 \$4,737.98 Last 4 digits of account number Lending Club 4 6 3 2 Nonpriority Creditor's Name When was the debt incurred? 71 Stevenson, Suite.300 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed San Fransisco CA 94105 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Signature Loan Is the claim subject to offset? **☑** No ☐ Yes 4.26 \$566.42 LVNV Funding, LLC Last 4 digits of account number 3 7 4 3 Nonpriority Creditor's Name When was the debt incurred? PO Box 1269 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed SC 29603-0584 Greenville State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? No

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.27 \$53.84 M&S Radiology Assoc, PA Last 4 digits of account number MSRA Nonpriority Creditor's Name When was the debt incurred? 3200 Wilcredt Dr, Ste 600 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 77042 Houston TX ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes П 4.28 \$293.36 Last 4 digits of account number McCarthy, Burguss, & Wolfe 3 0 4 9 Nonpriority Creditor's Name When was the debt incurred? The MB&W Building As of the date you file, the claim is: Check all that apply. Street 26000 Cannon Road Contingent Unliquidated Disputed Cleveland OH 44146 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Attorney for Creditor Is the claim subject to offset? **☑** No ☐ Yes 4.29 \$940.55 Merrick Bank Last 4 digits of account number 4 1 3 7 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 660175 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Dallas** 75266-0702 TX City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.30 \$696.00 Midland Funding Last 4 digits of account number <u>8 5 8 0</u> Nonpriority Creditor's Name When was the debt incurred? 320 E. Big Beaver Ste. 300 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed ΜI 48083 Troy ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? **☑** No Yes П 4.31 \$941.00 Last 4 digits of account number **Montgomery Ward** 7 2 9 0 Nonpriority Creditor's Name When was the debt incurred? 1112 7th Ave As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Monroe WI 53566 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.32 \$1,494.00 **National Recovery Operations** Last 4 digits of account number 0 0 0 1 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 26055 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Minneapolis MN 55426 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? No

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.33 \$4.644.97 One Main Financial Last 4 digits of account number 0 7 4 7 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 64 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Evansville** IN 47701 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Payroll Advance** Is the claim subject to offset? **☑** No Yes П 4.34 \$839.00 Last 4 digits of account number Plaza Services 9 4 4 0 Nonpriority Creditor's Name When was the debt incurred? 110 Hammond Dr As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Atlanta** GA 30328 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? **☑** No ☐ Yes 4.35 \$32.47 Last 4 digits of account number **Resolute Physicians** 1 4 3 8 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 14000 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Belfast** ME 04915 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt Medical Is the claim subject to offset? No

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.36 \$2.319.08 **Security Credit Services** Last 4 digits of account number <u>4 7 0 0</u> Nonpriority Creditor's Name When was the debt incurred? 2623 W Oxford Loop As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Oxford MS 38655 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? **☑** No Yes П 4.37 \$879.86 Last 4 digits of account number Seguin TX Emergency Physicians 5 5 2 6 Nonpriority Creditor's Name When was the debt incurred? 1215 E. Court St As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed TX 78155 Seguin City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No ☐ Yes 4.38 \$426.98 Last 4 digits of account number 4 7 0 8 Spectrum Nonpriority Creditor's Name When was the debt incurred? P.O. Box 2553 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Columbus OH 43216 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt Cable/Utilities Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.39 \$840.00 Star Anesthesia Last 4 digits of account number <u>4 9 1 6</u> Nonpriority Creditor's Name When was the debt incurred? P.O. Box 659 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed San Antonio TX 78293 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes П 4.40 \$84.75 Last 4 digits of account number Star Anesthesia 4 1 9 4 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 660535 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Dallas** TX 75266 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No ☐ Yes 4.41 \$315.00 Swiss Colony Last 4 digits of account number 1 9 2 3 Nonpriority Creditor's Name When was the debt incurred? 1117 7th Ave As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Monroe WI 53566 City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt $\mathbf{\Lambda}$ **Credit Card** Is the claim subject to offset? No

Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.42 \$508.94 SYNCB/Walmart Last 4 digits of account number 3 7 8 7 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 965024 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Orlando FL 32896 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.43 \$852.52 Last 4 digits of account number Synchrony Bank 1 1 0 1 Nonpriority Creditor's Name When was the debt incurred? PO Box 965007 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Orlando FL 32896 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.44 \$598.09 Synchrony Bank/ Texaco Last 4 digits of account number 1 3 2 3 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 965015 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Orlando FL 32896 City State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No

Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.45 \$770.39 Synchrony Bank/Texaco Card Service Last 4 digits of account number <u>1 8 3 1</u> Nonpriority Creditor's Name When was the debt incurred? P.O. Box 965015 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 30896-5013 Orlando FL ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.46 \$1,157.00 Last 4 digits of account number Synchrony/Walmart 7 1 8 5 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 965024 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Orlando FL 32896 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.47 \$695.89 **True Accord** Last 4 digits of account number 7 0 0 1 Nonpriority Creditor's Name When was the debt incurred? 303 2nd St. Ste 750 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed S. San Francisco CA 94107 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Collection Agency** Is the claim subject to offset? No Yes

Debtor 1 Milton Ray Saunders Debtor 2 Joyce Louise Saunders Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.48 \$16.66 **USACS Emergency Medicine Service** Last 4 digits of account number <u>6 3 8 5</u> Nonpriority Creditor's Name When was the debt incurred? P.O. Box 14000 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Belfast** ME 04915 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes П 4.49 \$1,763.19 Last 4 digits of account number Verizon Wireless 0 0 0 1 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 408 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Newark 07101 NJ Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Telephone/Communcations Is the claim subject to offset? **☑** No ☐ Yes 4.50 \$224.03 Viasat, Inc. Last 4 digits of account number 0 5 6 3 Nonpriority Creditor's Name When was the debt incurred? 6155 El Camino Real As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed 92009 Carlsbad CA 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt Cable/Utilities Is the claim subject to offset? No

Yes

Deptor 1	Milton Ray Saunders	
Debtor 2	Joyce Louise Saunders	Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Ability Recovery Service	ces, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 4262			Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Sarantar	DΛ	18505	— Last 4 digits of account number <u>5</u> <u>5</u> <u>2</u> <u>6</u>
Scrantar City	PA State	ZIP Code	_
Advanced Call CTD To	ahnalaa	.:	On which entry in Port 1 or Port 2 did you list the original creditor?
Advanced Call CTR Te	CHHOIOG	jies	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 9091			Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 3 7 8 7
Gray	TN	37615-9091	<u> </u>
City	State	ZIP Code	_
American Cordius, Int'l	I, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			— — — — — — — — — — — — — — — — — — —
2420 Sweet Home Rd. Number Street	Ste 150		Line of (Check one):
- Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 4 4 5 4
Amherst	NY	14228-2244	
City	State	ZIP Code	
ARS National Service			On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 469046			Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			
			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 3 8 3 0
Escondito City	CA State	92046-9046 ZIP Code	_
City	State	Zii Code	
Asset Acceptance LLC	;		On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 2036			Line Line of (Check one):
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 7 9 0 1
Warren	MI	48090	— Last 4 digits of account number <u>7 9 0 1</u>
Citv	State	ZIP Code	

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Calvary Portfolio S	ervice		On which entry in Part 1 or Part 2 did you list the original creditor?
Name	> -		Line AAF of /Cheek analy - Dort 1. Creditors with Driesity Unaccoursed Claims
500 Summit Lake D Number Street)r		Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 4 2 5 4
Valhalla	NY	10595	
City	State	ZIP Code	
Credit Corp Solution	ons		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 180 Electrion Rd. S	Ste 200		Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 7 1 8 5
Draper	UT	84020	
City	State	ZIP Code	
Credit Corp Solution	ons		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 180 Electrion Rd. S	Ste 200		Line of (Check one):
Number Street	200		Collection Agency Part 2: Creditors with Nonpriority Unsecured Claims
			Trait 2. Creditors with Nonphority offsecured claims
			— Last 4 digits of account number 8 3 8 2
Draper	UT	84020	<u> </u>
City	State	ZIP Code	
CWS/CW Nexus			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 101 Crossways Pa	rk Dr. W.		Line 4.29 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims
Number Street			Boot 0. One Plant with No control of the land of
			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 4 1 3 7
Woosbury	NY	11797	
City	State	ZIP Code	
ERC			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			_ , , , , ,
P.O. Box 23870 Number Street			Line of (Check one):
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
	FL	32241	— Last 4 digits of account number <u>6 4 6 1</u>
City	State	ZIP Code	_
Genpact Services	UC		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 1969			Line 4.44 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 1 3 2 3
Southgate City	MI State	48195-0969 ZIP Code	<u> </u>
,	Olalo		

Case	number	(if	known)	١
Case	HUHHDEL	ш	KIIOWII	•

Part 2: Creditors with Nonpriority Unsecured Claims

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? **IC System** PO Box 64378 Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 6 1 1 9 St Paul MN 55164 City State Midland Funding On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2365 Northside Dr. Ste 30 Number

San Diego	CA	92108	Last 4 digits of account number	 	<u> </u>	
City	State	ZIP Code				

Moss Law Firm	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name PO Box 65020 Number Street	Line 4.9 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims			

Last 4 digits of account number

			Last 4 digits of account number	
Lubbock	ΤX	79464	G	
City	State	ZIP Code	•	

Moss Law Firm	On which entry in Part 1 or Part 2 did you list the original creditor?					
Name PO Box 65020	Line	4.8	of	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street	_		_		$\overline{\mathbf{A}}$	Part 2: Creditors with Nonpriority Unsecured Claims

			 Last 4 digits of account number 	
Lubbock	TX	79464	•	
City	State	ZIP Code		

MRS BPO, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name					
1930 Olney Ave	Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims				

-			
			Last 4 digits of account number 2 2 8 9
Cherry Hill	N.I	08003	Last 4 digits of account number $\frac{2}{2} \frac{2}{3} \frac{3}{3}$

ZIP Code

ZIP Code

Pendrick Capital F	Partners	On which entry in Part 1 or Part 2 did you list the original creditor?
79 Warren St, Ste Number Street	2C	Line 4.37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Glens Falls	NY 12801	Last 4 digits of account number _5 _5 _2 _6

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Phoenix Financial Serv	ices		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 4.27 of (Cheek and): Dept 1: Creditors with Priority Uncoursed Claims
P.O. Box 361450 Number Street			Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
Indianapolice	IN	46236	— Last 4 digits of account number 9 7 0 0
City	State	ZIP Code	
Portfolio Recovery Ass	oc.		On which entry in Part 1 or Part 2 did you list the original creditor?
120 Corporate Blvd.			Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number 1 8 3 1
Norfolk	VA	23502	<u> </u>
City	State	ZIP Code	
Portfolio Recovery Ass	oc.		On which entry in Part 1 or Part 2 did you list the original creditor?
120 Corporate Blvd.			Line 4.43 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 1 1 0 1
Norfolk	VA	23502	<u> </u>
City	State	ZIP Code	
Portfolio Recovery Ass	ociates	LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 40 of (Check and). — Both A. Creditors with Bright I have small Claims
PO Box 12914 Number Street			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
- Tallison - Caloot			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Norfolk	VA	22541	— Last 4 digits of account number <u>0 3 3 1</u>
City	State	ZIP Code	
·			
Rausch, Sturm, Israel,	Enersor	a & Hornik	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 15660 N. Dallas Parkwa	av. Ste 3	50	Line 4.36 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims
Number Street	. ,		
			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 1 5 0 C
Dallas	TX	75248	— Last 4 digits of account number 1 5 0 C
City	State	ZIP Code	
Resurgent Capital Serv	ices		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 55 Beattie Place # 110			Line 4.18 of <i>(Check one)</i> : Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			Y Tall 2. Oreditors with Nonphority offsecured claims
			— Last 4 digits of account number 3 7 4 3
Greenville	sc	29601	
City	State	ZIP Code	

Web Bank/ Lending Club

Name
215 State St. Ste 1000

Number Street

UT

State

84111

ZIP Code

Salt Lake City City Case number (if known)

On which entry in Part 1 or Part 2 did you list the original creditor?

- Last 4 digits of account number 4 6 3 2

Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

True Accord			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 303 2nd St. Ste 750 Number Street			Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
S. San Francisco	CA State	94107 ZIP Code	Last 4 digits of account number <u>8 8 3 1</u>
True Accord			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 303 2nd St. Ste 750 Number Street			Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
S. San Francisco	CA State	94107 ZIP Code	Last 4 digits of account number 1 5 7 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom runt r	6b.	Taxes and certain other debts you owe the government	6b.	\$2,816.31
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. _	+\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$2,816.31
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. .	\$50,139.12
	6j.	Total. Add lines 6f through 6i.	6j.	\$50,139.12

Fill in this in				
Debtor 1	Milton First Name	Ray Middle Name	Saunders Last Name	
Debtor 2	Joyce	Louise	Saunders	
(Spouse, if filing		Middle Name	Last Name	
United States B	ankruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	
Case number (if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this inf	ormation to i	identify your case	:	
Debtor 1	Milton First Name	Ray Middle Name	Saunders Last Name	_
Debtor 2	Joyce	Louise	Saunders	
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Ba	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	_
Case number (if known)				Check if this amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do y	y ou h No Yes	ave any codebtors?	(If you are filing a	joint case, d	o not list eithe	er spouse a	as a codebtor.)
2.		ıde A				•	•	(Community property states and territories , Washington, and Wisconsin.)
			Did your spouse, form No Yes	er spouse, or lega	l equivalent l	ive with you a	t the time?	?
			In which community st	, ,	ou live? _	Texas	Fill	in the name and current address of that person
			Name of your spouse, form 6691 FM 482 Number Street		quivalent			
			New Braunfels City		TX State	78132 ZIP Code		

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

j	ill in this info <u>rr</u>	nation to	identify your case:				
	Debtor 1	Milton	Ray	Saunder			
		First Name	Middle Name	Last Name		Che	ck if this is:
	Debtor 2 (Spouse, if filing)	Joyce First Name	Louise Middle Name	Saunder Last Name			An amended filing
	United States Bank	ruptcy Court	for the: WESTERN D	ISTRICT OF TE	XAS	ㅁ	A supplement showing postpetition chapter 13 income as of the following date:
	Case number (if known)				_		
_	,						MM / DD / YYYY
_	fficial Form 10 chedule I: Yo		me				12/15
res inc abo you	ponsible for suppl lude information a out your spouse. I ur name and case	ying correc bout your s f more spac	t information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every c	e married and not ated and your spe eparate sheet to th	filing joint ouse is no	ly, and your t filing with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2 or non-filing spouse
	If you have more job, attach a sepa		Employment status	Employed			☐ Employed
	with information a	bout	Employment status	☐ Not employ	ed		✓ Not employed
	additional employ	ers.	Occupation	Delivery Drive	er		not employed
	Include part-time, or self-employed		Employer's name	Pizza Hut /Mu	y Pizza		n/a
	Occupation may i student or homen applies.		Employer's address	Number Street	46		Number Street
				New Braunfel		78132	
				City	State	•	City State Zip Code
			How long employed the	here? May 20	119 to cur	rent	
P	art 2: Give I	Details Ab	out Monthly Incom	е			
	timate monthly inc		-	n. If you have noth	ning to repo	ort for any line	, write \$0 in the space. Include your
If y	ou or your non-filing	spouse hav	•	er, combine the inf	ormation fo	or all employe	rs for that person on the lines below. If
					For	Debtor 1	For Debtor 2 or non-filing spouse
2.			alary, and commissions d monthly, calculate what		2	\$1,083.33	\$0.00
3.	Estimate and list	monthly ov	ertime pay.		3. + _	\$0.00	\$0.00
4.	Calculate gross	income. Ac	ld line 2 + line 3.		4.	\$1,083.33	\$0.00

Case number (if known)

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			F	or Debtor 1	For Debte				
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. 30.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. 30.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. 18 \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. 18 \$0.00 \$0.00 5c. 18 \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$0.00 \$0.00 5c. Voluntary contributions for fetirement plans 5c. \$1.00 \$0.00 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$894.83 \$0.00 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$894.83 \$0.00 5c. Calculate indementary property and business showing gross recepts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a 8c. \$0.00 \$0.00 8c. Family support payments that you, a non-filling spouse, or a 8c. \$0.00 \$0.00 8c. Social Security 8d. Unemployment compensation 8d. Unemployment compensation 8d. \$0.00 \$0.00 8c. Social Security 8d. \$0.00 \$0.00 8d. \$0.00 8d. \$0.00 \$0.00 8d. \$0		Copy line 4 here	. → 4.	\$1,083.33		\$0.00	_		
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5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. S0.00 \$0.00		5a. Tax, Medicare, and Social Security deductions	5a.	\$188.50		\$0.00			
5d. Required repayments of retirement fund loans 5e. Insurance 5. Insurance 5. Domestic support obligations 5. Domestic support suppo		5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00			
5e. Insurance 5e. S0.00 \$0.00 5f. Domestic support obligations 5g. Union dues 5g. Union d		5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00			
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Sh. Other deductions. Specify: 59c-197. Specify: 59c-197. Specif		5f. Domestic support obligations	5f.	\$0.00		\$0.00			
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12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. 12. \$3,202.83 Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? No. None.		Do not include any amounts already included in lines 2-10 or amount	ts that are not	t available to pay	expenses lis	ted in Sch	iedul	e J.	
income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. Combined monthly incom Do you expect an increase or decrease within the year after you file this form? No. None.		Specify:				_ 11.	+	\$0.00	
monthly incom 13. Do you expect an increase or decrease within the year after you file this form? No. None.	12.	income. Write that amount on the Summary of Your Assets and Liab				12.	_	\$3,202.83	
No. None.	42		file this form	.2					
	13.		me uns form	11					_

Debtor 1 Debtor 2	Milton Ray Saunders Joyce Louise Saunders		Case number (if known)	
8a. Attach	ed Statement (Debtor 1)			
		Self-employed, Sign Co	nsulting	
Gross Mo	onthly Income:			\$1,200.00
Expense		Category	Amount	
Total Mo	nthly Expenses			\$0.00
Net Mont	hly Income:			\$1,200.00

F	ill in this inforn	nation to iden	tify your case:			Ch	ale if thi	o io	
	Debtor 1	Milton	Ray	Saun	dere	l	eck if thi	s is: ended filing	
	Debior 1	First Name	Middle Name	Last Na		18		olement showing	postpetition
	Debtor 2	Joyce	Louise	Saun	ders	_	chapte	er 13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Na		·	followi	ng date:	
		ruptcy Court for th	ne: WESTERN DIS	TRICT OF	TEXAS		MM / [DD / YYYY	<u> </u>
	Case number (if known)	-							
<u>O</u> 1	fficial Form 10	<u>)6J</u>							
So	chedule J: Yo	our Expens	es						12/15
naı	rrect information. I me and case numb	f more space is	ible. If two married p needed, attach anoth nswer every question sehold	er sheet to t					
1.	Is this a joint cas	e?							
2.	 ✓ No	S. Debtor 2 live in a s. Debtor 2 must endents?	separate household? file Official Form 106J No Yes. Fill out this in	-2, Expense	Dependent's relat	ionshi		Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and	for each dependen	t		or 2		age	live with you? ☐ No
	Do not state the d	ependents'			Nephew			<u> 7</u>	Yes
	names.				son			31	Yes
								_	No Yes
								_	□ No - □ Yes
								_	□ No - □ Yes
3.	Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes						
P	Part 2: Estima	ate Your Ong	oing Monthly Exp	enses					
to		of a date after t	nkruptcy filing date ι he bankruptcy is filed	-	-			•	
			ash government assis on Schedule I: Your I					Your expens	ses
4.		•	penses for your resided any rent for the grou					4.	
	If not included in		, 3 **						
	4a. Real estate t	axes						4a	\$292.54
	4b. Property, hor	meowner's, or ren	ter's insurance					4b	\$92.20
	4c. Home mainte	enance, repair, an	nd upkeep expenses					4c	\$100.00
	4d. Homeowner's	s association or c	ondominium dues					4d.	

		Your exper	nses
5. Additional mortgage p	payments for your residence, such as home equity loans	5	
6. Utilities:			
6a. Electricity, heat, na	atural gas	6a	\$323.14
6b. Water, sewer, garb	page collection	6b	\$86.09
6c. Telephone, cell ph	one, Internet, satellite, and	6c	\$161.00
		6d.	
7. Food and housekeepi		7.	\$900.00
8. Childcare and children	n's education costs	8.	
9. Clothing, laundry, and	dry cleaning	9.	\$240.00
10. Personal care product	ts and services	10.	\$160.00
11. Medical and dental ex	penses	11.	\$125.00
12. Transportation. Include fare. Do not include ca	le gas, maintenance, bus or train r payments.	12.	\$200.00
13. Entertainment, clubs, magazines, and books		13.	
14. Charitable contributio	ns and religious donations	14.	
15. Insurance.			
Do not include insurance	ce deducted from your pay or included in lines 4 or 20.		
15a. Life insurance		15a	\$110.67
15b. Health insurance	9	15b	\$179.01
15c. Vehicle insurance	e	15c	\$123.16
15d. Other insurance.	Specify:	15d.	
Charifu	e taxes deducted from your pay or included in lines 4 or 20.	16.	
17. Installment or lease pa	ayments:		_
17a. Car payments fo	r Vehicle 1	17a	
17b. Car payments fo	r Vehicle 2	17b.	
17c. Other. Specify:		17c	
		17d	
	nony, maintenance, and support that you did not report as ay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19. Other payments you n Specify:	nake to support others who do not live with you.	19	

Debtor 1 Debtor 2		Milton Ray Saunders Joyce Louise Saunders	Case number (if known	.)
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Othe	Specify:	21.	
22.	Calcu	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a.	\$3,092.81
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2. 22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3,092.81
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$3,202.83
	23b.	Copy your monthly expenses from line 22c above.	23b. _	\$3,092.81
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$110.02
24.	Do yo	ou expect an increase or decrease in your expenses within the year after yo	ou file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your morto	. ,	
	☑ □	No		
		Yes. Explain here: None.		
		THORIES.		

Fill in this info	Milton	dentify your case	Saunders	_	
Debtor 2 (Spouse, if filing)	Joyce First Name	Middle Name Louise Middle Name	Last Name Saunders Last Name	_	
United States Bar Case number (if known)	nkruptcy Court fo	or the: WESTERN DI	STRICT OF TEXAS	_	Check if this is an amended filing
Official Form Summary of		ets and Liabilit	ties and Certain St	atistical Informa	tion
correct informatio	n. Fill out all of	your schedules first	ed people are filing togethe ; then complete the informat fill out a new Summary and	tion on this form. If you	are filing amended
Part 1: Sui	mmarize You	ur Acceto			

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$162,208.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$5,551.90
	1c. Copy line 63, Total of all property on Schedule A/B	\$167,759.90
P	Part 2: Summarize Your Liabilities	
		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	, , , , , , ,
 3. 		\$68,525.30
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$68,525.30

Schedule I: Your Income (Official Form 106I)

Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22c of Schedule J.....

\$3,202.83

\$3,092.81

12/15

	otor 1 otor 2	Milton Ray Saunders Joyce Louise Saunders Case nu	Case number (if known)		
Ρ	art 4:	Answer These Questions for Administrative and Statistical Rec	ords		
6.	Are you	filing for bankruptcy under Chapters 7, 11, or 13?			
	□ No ✓ Ye	. You have nothing to report on this part of the form. Check this box and submit this	form to the court with yo	our other schedules.	
7.	What ki	nd of debt do you have?			
	Ľ	ur debts are primarily consumer debts. Consumer debts are those "incurred by a nily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp		a personal,	
		ur debts are not primarily consumer debts. You have nothing to report on this part form to the court with your other schedules.	rt of the form. Check this	s box and submit	
8.		e Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	come from	\$2,036.68	
9.	Copy th	e following special categories of claims from Part 4, line 6 of Schedule E/F:			
			Total claim		
	From P	art 4 on Schedule E/F, copy the following:			
	9a. Do	mestic support obligations. (Copy line 6a.)	\$0.0	<u>0</u>	

From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$2,816.31
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$2,816.31

Fill in this inf	ormation to ide			
Debtor 1	Milton	Ray	Saunders	
	First Name	Middle Name	Last Name	
Debtor 2	Joyce	Louise	Saunders	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for th			
Case number (if known)				Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
	is NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I hat true and correct.	ave read the summary and schedules filed with this declaration and that they are
X /s/ Milton Ray Saunders Milton Ray Saunders, Debtor 1	X /s/ Joyce Louise Saunders Joyce Louise Saunders, Debtor 2
Date 05/31/2019 MM / DD / YYYY	Date 05/31/2019 MM / DD / YYYY

Be as complete and ac correct information. If your name and case n	Name Itcy Court for nancial curate as po	Affairs for Ind	lividuals Filing for	or Bankruptcy her, both are equally responsible for	04/1
United States Bankrup Case number (if known) Official Form 10 Statement of Fi Be as complete and accorrect information. If your name and case no	7 nancial curate as po	Affairs for Ind	STRICT OF TEXAS	or Bankruptcy her, both are equally responsible for	ed filing
Case number (if known) Official Form 10 Statement of Fi Be as complete and accorrect information. If our name and case no	7 nancial curate as po	Affairs for Ind	lividuals Filing for	or Bankruptcy her, both are equally responsible for	ed filing 04/ 1
Statement of Fi se as complete and ac orrect information. If our name and case no	nancial .	ossible. If two marrie	ed people are filing toge	her, both are equally responsible fo	
Be as complete and ac orrect information. If our name and case n	curate as po more space	ossible. If two marrie	ed people are filing toge	her, both are equally responsible fo	
orrect information. If our name and case no	more space				or supplying
Tailt II. Olve D	etails Aho	,	•	rm. On the top of any additional pa	ges, write
			otatus and where it	u Liveu Belore	
. What is your curre Married Not married	ent marital si	tatus?			
☑ No		,	other than where you live		
_				n a community property state or tel	rritory?

Washington, and Wisconsin.)

□ No ☑ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

	otor 1 otor 2	Milton Ray Saunders Joyce Louise Saunders		Case nur	mber (if known)	
Р	art 2:	Explain the Sources of	Your Income			
4.	Fill in th	u have any income from employ ne total amount of income you rec re filing a joint case and you have	eived from all jobs and all bu	isinesses, including par	t-time activities.	lendar years?
	□ No ☑ Yes	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		nry 1 of the current year until u filed for bankruptcy:	✓ Wages, commissions, bonuses, tips	\$4,462.00	☐ Wages, commissions, bonuses, tips	
	•		Operating a business		Operating a business	
For	the last	calendar year:	✓ Wages, commissions, bonuses, tips	\$28,014.00	☐ Wages, commissions, bonuses, tips	
(Jar	nuary 1 to	December 31, 2018)	Operating a business		Operating a business	
For	the cale	endar year before that:	✓ Wages, commissions, bonuses, tips	\$27,058.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1 to	December 31, 2017)	Operating a business		Operating a business	
5.	Include unempl and gar Debtor	u receive any other income duri income regardless of whether the oyment; and other public benefit publing and lottery winnings. If you 1. The source and the gross income from the control of the contro	at income is taxable. Example payments; pensions; rental in u are in a joint case and you	les of other income are ncome; interest; dividen have income that you re	ds; money collected from la eceived together, list it only	awsuits; royalties;
	✓ Yes	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		rry 1 of the current year until u filed for bankruptcy:			SNAP	\$291.00
		calendar year:			SNAP	\$3,225.00
Jar	iuary i to	December 31, 2018)				
		endar year before that: December 31, 2017			SNAP	\$3,912.00 ———————————————————————————————————
		YYYY				

Debtor 1 Debtor 2		Milton Ray Joyce Lou	Saunders ise Saunders	Case number (if known)					
Р	art 3:	List Cert	tain Payments You Made Before You Filed for B	ankruptcy					
6.	Are eith	er Debtor 1'	s or Debtor 2's debts primarily consumer debts?						
	□ No.		rebtor 1 nor Debtor 2 has primarily consumer debts. Cons by an individual primarily for a personal, family, or household primarily for a personal, family, or household primarily for a personal pri	- , ,					
		During the	e 90 days before you filed for bankruptcy, did you pay any cred	litor a total of \$6,825* or more?					
		☐ No. G	o to line 7.						
		— t	List below each creditor to whom you paid a total of \$6,825* or otal amount you paid that creditor. Do not include payments for hild support and alimony. Also, do not include payments to a	or domestic support obligations, such as					
		* Subject t	* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.						
	✓ Yes	. Debtor 1	or Debtor 2 or both have primarily consumer debts.						
		During the	e 90 days before you filed for bankruptcy, did you pay any cred	litor a total of \$600 or more?					
		☑ No. G	o to line 7.						
		_	List below each creditor to whom you paid a total of \$600 or mo creditor. Do not include payments for domestic support obligated Also, do not include payments to an attorney for this bankrupto	tions, such as child support and alimony.					
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an i <i>Insiders</i> include your relatives; any general partners; relatives of any general partners; partnerships of which you are a georporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; at agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic standard support and alimony.									
	✓ No ☐ Yes	. List all pay	ments to an insider.						
8.		year before d an insider	e you filed for bankruptcy, did you make any payments or to?	transfer any property on account of a debt that					
	Include	payments on	debts guaranteed or cosigned by an insider.						
	✓ No ☐ Yes	. List all pay	ments that benefited an insider.						

		Milton Ray Saunders Joyce Louise Saunde		Case number (if known)				
P	art 4:	Identify Legal Act	ions, Repossessions, and F	oreclosures				
9.	List all s		or bankruptcy, were you a party in ersonal injury cases, small claims actes.	-		_	_	dy
	Yes	. Fill in the details.						
Cas	e title		Nature of the case	Court or agency		S	tatus of the o	case
Cap	oital One	e Bank vs Milton R	suit on debt account	Comal County JF	Court 2		— ☑ Pen	dina
Sau	ınders			Court Name			V	ung
				30470 Cougar Be	end		— □ ^{On a}	appeal
Cas	e numbe	r D218112		Number Street			☐ Con	cluded
			_		T \/	70400	⊔	
				Bulverde City	TX State	78163 ZIP Code		
				City	State	ZIF Code		
Cas	e title		Nature of the case	Court or agency		S	tatus of the o	case
Por	tfolio R	ecovery Assoicates,	suit on debt account	Comal County Di	strict Cle	rk	— D	.0
LLC v. Jotce L Saunders		=		Court Name			— ☑ Pen	aing
					150 N. Seguin Ave. Ste 304			appeal
Coo	a numba	r C2040 04E0C		Number Street				oludod
Cas	e numbe	r <u>C2019-0150C</u>	_				Ц соп	cluded
				New Braunfels	TX	78130		
				City	State	ZIP Code		
Coo	e title		Nature of the case	Court or aganay		c	tatus of the o	
		radit Sarvicas IIC	suit on debt account	Court or agency	tatus of the C	Jase		
	_	redit Services, LLC	suit on debt account	Comal County Co Court Name	— ☑ Pen	ding		
assignee of Credit Shop Inc. (Consumer Loan) vs Joyce Saunders		•		424 S. Castell Av	□ On a	appeal		
				Number Street	·		— п оп	аррсаі
Cac	o numbo	r 2010CVA000E					Con	cluded
Cas	e numbe	r <u>2019CVA0005</u>	_	New Braunfels	TX	78130		
				City	State	ZIP Code		
10.	seized,	I year before you filed for levied? If that apply and fill in the	or bankruptcy, was any of your prodetails below.	operty repossessed, foreclo	sed, garnis	shed, attach	ed,	
		Go to line 11. Fill in the information b	elow.					

	otor 1 otor 2		Ray Saun .ouise Sa			Case number (if k	known)	
11.		•	•		ruptcy, did any creditor, including a ba o make a payment because you owed a		stitution, set off any	′
	✓ No	s. Fill in th	ne details.					
12.		-	-		ptcy, was any of your property in the p custodian, or another official?	ossession of an	assignee for the be	nefit of
	✓ No	6						
Р	art 5:	List C	ertain G	ifts and Co	ntributions			
13.	Within	2 years b	efore you	filed for bankr	uptcy, did you give any gifts with a tota	al value of more	than \$600 per perso	n?
	✓ No ☐ Yes	s. Fill in th	ne details f	or each gift.				
14.		2 years be charity?	efore you	filed for bankr	uptcy, did you give any gifts or contrib	utions with a tot	al value of more tha	n \$600
	✓ No	s. Fill in th	ne details f	or each gift or o	contribution.			
P	art 6:	List C	ertain L	osses				
15.		-	fore you fi r gamblin		ptcy or since you filed for bankruptcy,	did you lose any	thing because of th	eft, fire,
	✓ No ☐ Yes	s. Fill in th	ne details.					
P	art 7:	List C	ertain P	ayments or	Transfers			
16.	anyone	you con	sulted abo	out seeking ba	ptcy, did you or anyone else acting on nkruptcy or preparing a bankruptcy per preparers, or credit counseling agencies f	tition?		-
	□ No ☑ Yes	s. Fill in th	ne details.					
	emenscl		McCrary	Law Office	Description and value of any propert \$1,900 in attorney's fees and \$33	-	Date payment or transfer was made	Amount of payment
190	S. Seg	uin Ave.	, Ste 203		_		2-5/2019	\$1,900.00
Num	nber Str	reet			_		5/2019	\$335.00
	w Brauı	nfels	тх	78130	_			
City			State	ZIP Code				
Ema	ail or websi	te address			-			
Pers	son Who N	Made the Pa	vment, if Not	t You	_			

	otor 1 Milton Ray Saunders otor 2 Joyce Louise Saunders		Case number (if	known)	
17.	Within 1 year before you filed for bankrup anyone who promised to help you deal w Do not include any payment or transfer that	ith your creditors or to make	• •		perty to
	✓ No✓ Yes. Fill in the details.				
18.	Within 2 years before you filed for bankru property transferred in the ordinary cours		• •	operty to anyone, o	ther than
	Include both outright transfers and transfers Do not include gifts and transfers that you h		•	t or mortgage on your	property).
	✓ No✓ Yes. Fill in the details.				
19.	Within 10 years before you filed for bankr you are a beneficiary? (These are often	ruptcy, did you transfer any called asset-protection device		trust or similar devi	ce of which
	☑ No ☐ Yes. Fill in the details.				
P	art 8: List Certain Financial Acc	ounts, Instruments, Sa	fe Deposit Boxes, ar	nd Storage Units	
20.	Within 1 year before you filed for bankrup benefit, closed, sold, moved, or transferre	•	ounts or instruments held	l in your name, or fo	r your
	Include checking, savings, money market, o houses, pension funds, cooperatives, associated to the cooperative of the cooperativ	or other financial accounts; cer		in banks, credit union	ns, brokerage
	☐ No ☑ Yes. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	ost Bank ne of Financial Institution			or transferred	
	Box 2901	XXXX- <u>9</u> <u>9</u> <u>9</u> <u>1</u>	Checking	3/1/2019	\$100.87
	nber Street		☐ Savings ☐ Money market ☐ Brokerage		
Sar City	n Antonio TX 78299-2901 State ZIP Code		Other		
21.	Do you now have, or did you have within for securities, cash, or other valuables?	1 year before you filed for b	ankruptcy, any safe depo	osit box or other dep	ository
	✓ No ☐ Yes. Fill in the details.				

	btor 1 btor 2	Milton Ray Saunders Joyce Louise Saunders Case number (if known)
22.	☑ No	ou stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? . Fill in the details.
ŀ	art 9:	Identify Property You Hold or Control for Someone Else
23.	-	hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone.
	✓ No ☐ Yes	. Fill in the details.
F	art 10:	Give Details About Environmental Information
Fo	r the purp	ose of Part 10, the following definitions apply:
	hazardou	nental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of its or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, is statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
		us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic e, hazardous material, pollutant, contaminant, or similar item.
Re	port all no	otices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any law?	governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	✓ No	. Fill in the details.
25.	☑ No	ou notified any governmental unit of any release of hazardous material? . Fill in the details.
26.	Have you	ou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and
	✓ No ☐ Yes	. Fill in the details.

Debtor 1 Debtor 2	Milton Ray Saunders Joyce Louise Saunders		Case number (if known)
Part 11:	Give Details About Yo	our Business or Connections to A	Any Business
27. Within busine	•	ankruptcy, did you own a business or ha	ave any of the following connections to any
	A member of a limited liability A partner in a partnership An officer, director, or manag	oyed in a trade, profession, or other activity company (LLC) or limited liability partners ing executive of a corporation e voting or equity securities of a corporation	hip (LLP)
	o. None of the above applies. Ges. Check all that apply above a	o to Part 12. nd fill in the details below for each busines	s.
d/b/a Milto Business Nam		Describe the nature of the business Sign Consulting / Mechanic	Employer Identification number Do not include Social Security number or ITIN.
6691 FM 4 Number St	182 treet	. Name of accountant or bookkeeper	EIN:
New Brau City	nfels TX 78132 State ZIP Code		From <u>8/2015</u> To <u>current</u>
all fina	ncial institutions, creditors, o		ment to anyone about your business? Include
that answe property by	rs are true and correct. I unde	erstand that making a false statement, co unkruptcy case can result in fines up to s	nts, and I declare under penalty of perjury concealing property, or obtaining money or \$250,000, or imprisonment for up to 20 years,
	on Ray Saunders ay Saunders, Debtor 1	X /s/ Joyce Louise Saun	
Date _	05/31/2019	Date	Jenioi 2
Did you att	ach additional pages to Your S	Statement of Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
☑ No □ Yes			
Did you pa	y or agree to pay someone wh	o is not an attorney to help you fill out b	pankruptcy forms?
✓ No Yes. N	ame of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1	Milton First Name	Ray Middle Name	Saunders Last Name	
Debtor 2	Joyce	Louise	Saunders	
(Spouse, if filing)	First Name	Middle Name	Last Name	
	mapley Countre	77 <u>77</u>		
Case number		, 10: <u></u>		Check if this is amended filing
United States Bar Case number (if known)		, and <u>and an </u>		—
Case number				—

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: **List Your Creditors Who Hold Secured Claims**

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.						
	Identify the cre	editor and the property that is collateral		at do you intend to do with the perty that secures a debt?		you claim the property exempt on Schedule C?	
	Creditor's name:	Mr Cooper		Surrender the property. Retain the property and redeem it.		No Yes	
	Description of property securing debt: 151 Petaloma Blvd. San Antonio, TX 78221		Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]:				

Part 2: **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Debtor 1 Debtor 2	Milton Ray Saunders Joyce Louise Saunders	Case number (if known)
Part 3:	Sign Below	
Under pe	enalty of perjury, I declare that I have indicated my intention about any	property of my estate that secures a debt and

MM / DD / YYYY

personal property that is subject to an unexpired lease.

X <u>/s/ Milton Ray Saunders</u> Milton Ray Saunders, Debtor 1 X /s/ Joyce Louise Saunders Joyce Louise Saunders, Debtor 2 Date **05/31/2019** Date **05/31/2019**

MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

In re	Milton Ray Saunders	Case No.	
	Joyce Louise Saunders		

	Joyce Louise Saunders	Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FO	R DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in baservices rendered or to be rendered on behalf of the debtor(s) in contemplation of is as follows:	ankruptcy, o	agreed to be paid to me, for
	For legal services, I have agreed to accept		\$1,900.00
	Prior to the filing of this statement I have received		51,900.00
	Balance Due		\$0.00
2.	2. The source of the compensation paid to me was:✓ Debtor		
3.	3. The source of compensation to be paid to me is:		
	✓ Debtor		
4.	 I have not agreed to share the above-disclosed compensation with any othe associates of my law firm. 	r person unl	ess they are members and
	☐ I have agreed to share the above-disclosed compensation with another pers associates of my law firm. A copy of the agreement, together with a list of th compensation, is attached.		
5.	5. In return for the above-disclosed fee, I have agreed to render legal service for all	aspects of t	he bankruptcy case, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor bankruptcy; 	in determini	ng whether to file a petition in

- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form	2030)	(12/15)
-------------	-------	---------

CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. 05/31/2019 Is/ JL Riemenschneider-McCrary Date JL Riemenschneider-McCrary Bar No. 24046717 Riemenschneide	By agreement with the debtor(s), the ab This does not include filing fees or co	ove-disclosed fee does not include the following services: redit counseling fees	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Solution Statement St			
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Solution Statement St			
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Solution Statement St			
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Solution Statement St		CERTIFICATION	
Date JL Riemenschneider-McCrary Riemenschneider-McCrary Law Office 267 West Mill Street New Braunfels, TX 78130 Phone: (830) 708-2297 / Fax: (866) 583-6076 /s/ Milton Ray Saunders /s/ Joyce Louise Saunders	I certify that the foregoing is a complete statement of any agreement or arrangement for payment to		
Riemenschneider-McCrary Law Office 267 West Mill Street New Braunfels, TX 78130 Phone: (830) 708-2297 / Fax: (866) 583-6076 /s/ Milton Ray Saunders /s/ Joyce Louise Saunders	05/31/2019	/s/ JL Riemenschneider-McCrary	
/s/ Milton Ray Saunders /s/ Joyce Louise Saunders	Date	Riemenschneider-McCrary Law Office	
	/s/ Milton Ray Saunders	/s/ Joyce Louise Saunders	
Milton Ray Saunders Joyce Louise Saunders	Milton Ray Saunders	Joyce Louise Saunders	

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

IN RE: Milton Ray Saunders
Joyce Louise Saunders

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

know	rledge.		
Date	5/31/2019	Signature .	/s/ Milton Ray Saunders Milton Ray Saunders
Date	5/31/2019	Signature .	/s/ Joyce Louise Saunders

Joyce Louise Saunders

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her

Ability Recovery Services, LLC P.O. Box 4262 Scrantar, PA 18505

Advanced Call CTR Technologies PO Box 9091 Gray, TN 37615-9091

Alamo City Eye Physicians 11601 Toepperwein Rd San Antonio, TX 78233

Allred Interstate, LLC P.O. Box 361477 Columbus, OH 43236

American Cordius, Int'l, LLC 2420 Sweet Home Rd. Ste 150 Amherst, NY 14228-2244

ARS National Service P.O. Box 469046 Escondito, CA 92046-9046

Asset Acceptance LLC PO Box 2036 Warren, MI 48090

Baptist Emergency Hospital P.O. Box 743197 Dallas, TX 75373

Baptist Emergency Hospital Schertz PO Box 4869 #475 Houston, TX 77210-4869 Business and Professional 621 N Alamo St. San Antonio, TX 78215

Calvary Portfolio Service 500 Summit Lake Dr Valhalla, NY 10595

Capital One Bank
P.O. Box 30285
Salt Lake City, UT 84130

Carson Smithfield, LLC P.O. Box 9216 Old Bethpage, NV 11804

Cash Centrol 6785 Bobcat Way #200 Dublin, OH 43016

Chase Bank PO Box 15123 Wilmington, DE 19850

Chase Bank USA PO Box 15298 Wilmington, DE 19850

Clinical Pathology Labs P.O. Box 28770 Austin, TX 78755

CMRE Financial Services 3075 E Imperial HWY. Suite.200 Brea, CA 92821 Comal County Tax Assessor 205 N. Seguin PO Box 311445 New Braunfels, TX 78130

Conn's PO Box 815867 Dallas, TX 75234-5867

Country Door 1112 7th Avenue Monroe, WI 53566

Credit Corp Solutions 180 Electrion Rd. Ste 200 Draper, UT 84020

Credit One Bank
P.O. Box 98872
Las Vegas, NV 89193-8873

Credit Shop, Inc. 221 W. 6th St. Austin, TX 78701

CWS/CW Nexus 101 Crossways Park Dr. W. Woosbury, NY 11797

Discover Financial Service P.O. Box 6103 Carol Stream, IL 60197

Emerus Corporate Office 10077 Grogan's Mill Ste 100 The Woodlands, TX 77380 ERC
P.O. Box 23870
Jacksonville, FL 32241

Genpact Services UC PO Box 1969 Southgate, MI 48195-0969

Household/Orchard Bank P.O. Box 30285 Salt Lake City, UT 84130

IC System
PO Box 64378
St Paul, MN 55164

Leading Edge Emergency Physicians 8686 New Trail Dr. #100 The Woodlands, TX 77381

Lend Up 237 Kearny St #372 San Francisco, CA 94108

Lending Club 71 Stevenson, Suite.300 San Fransisco, CA 94105

LVNV Funding, LLC PO Box 1269 Greenville, SC 29603-0584

M&S Radiology Assoc, PA 3200 Wilcredt Dr, Ste 600 Houston, TX 77042

McCarthy, Burguss, & Wolfe The MB&W Building 26000 Cannon Road Cleveland, OH 44146

Merrick Bank P.O. Box 660175 Dallas, TX 75266-0702

Midland Funding 320 E. Big Beaver Ste. 300 Troy, MI 48083

Midland Funding 2365 Northside Dr. Ste 30 San Diego, CA 92108

Montgomery Ward 1112 7th Ave Monroe, WI 53566

Moss Law Firm PO Box 65020 Lubbock, TX 79464

Mr Cooper 8950 Cypress Waters Blvd Coppell, TX 75019

MRS BPO, LLC 1930 Olney Ave Cherry Hill, NJ 08003

National Recovery Operations P.O. Box 26055 Minneapolis, MN 55426 One Main Financial P.O. Box 64 Evansville, IN 47701

Pendrick Capital Partners 79 Warren St, Ste 2C Glens Falls, NY 12801

Phoenix Financial Services P.O. Box 361450 Indianapolice, IN 46236

Plaza Services 110 Hammond Dr Atlanta, GA 30328

Portfolio Recovery Assoc. 120 Corporate Blvd. Norfolk, VA 23502

Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541

Rausch, Sturm, Israel, Enerson & Hornik 15660 N. Dallas Parkway, Ste 350 Dallas, TX 75248

Resolute Physicians P.O. Box 14000 Belfast, ME 04915

Resurgent Capital Services 55 Beattie Place # 110 Greenville, SC 29601 Security Credit Services 2623 W Oxford Loop Oxford, MS 38655

Seguin TX Emergency Physicians 1215 E. Court St Seguin, TX 78155

Spectrum
P.O. Box 2553
Columbus, OH 43216

Star Anesthesia P.O. Box 659 San Antonio, TX 78293

Star Anesthesia P.O. Box 660535 Dallas, TX 75266

Swiss Colony 1117 7th Ave Monroe, WI 53566

SYNCB/Walmart P.O. Box 965024 Orlando, FL 32896

Synchrony Bank PO Box 965007 Orlando, FL 32896

Synchrony Bank/ Texaco P.O. Box 965015 Orlando, FL 32896

Synchrony Bank/Texaco Card Service P.O. Box 965015 Orlando, FL 30896-5013

Synchrony/Walmart P.O. Box 965024 Orlando, FL 32896

True Accord 303 2nd St. Ste 750 S. San Francisco, CA 94107

USACS Emergency Medicine Service P.O. Box 14000 Belfast, ME 04915

Verizon Wireless P.O. Box 408 Newark, NJ 07101

Viasat, Inc. 6155 El Camino Real Carlsbad, CA 92009

Web Bank/ Lending Club 215 State St. Ste 1000 Salt Lake City, UT 84111

Debtor(s): Milton Ray Saunders Joyce Louise Saunders

Case No: Chapter: 7

WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

Ability Recovery Services, LLC Calvary Portfolio Service Country Door P.O. Box 4262 Scrantar, PA 18505

500 Summit Lake Dr Valhalla, NY 10595

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2623 W Oxford Loop Oxford, MS 38655

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Verizon Wireless P.O. Box 408 Newark, NJ 07101

Viasat, Inc. 6155 El Camino Real Carlsbad, CA 92009

Web Bank/ Lending Club 215 State St. Ste 1000 Salt Lake City, UT 84111

		identify your case			box only as dired n Form 122A-1Su		
Debtor 1	Milton First Name	Ray Middle Name	Saunders Last Name	1. There is	no presumption of abus	se.	
Debtor 2 (Spouse, if	Joyce filing) First Name	Louise Middle Name	Saunders Last Name	2. The calcurate of abuse	ulation to determine if a applies will be made ur	presumption nder Chapter 7	
United State	es Bankruptcy Court f	or the: WESTERN DIS	STRICT OF TEXAS		est Calculation (Official	,	
Case numb	er			3. The Means Test does not apply now because of qualified military service but it could apply later.			
				Check if tl	nis is an amended filing	 J	
Official F	orm 122A-1						
	_	of Your Current	Monthly Income			12/1	
Chapter	7 Statement C	or rour Current	Monthly income			12/13	
military serv	ice, complete and fil) with this form.	-	ou do not have primarily constion from Presumption of Ab				
1. What is	your marital and fili	ng status? Check one	only.				
☐ Not	t married. Fill out Co	lumn A, lines 2-11.					
☑ Ma	rried and your spou	se is filing with you. F	ill out both Columns A and B, I	ines 2-11.			
☐ Ma	rried and your spou	se is NOT filing with yo	ou. You and your spouse are	: :			
	Living in the same	household and are no	t legally separated. Fill out bo	oth Columns A and	B, lines 2-11.		
	declare under pena	Ity of perjury that you ar	d. Fill out Column A, lines 2-11 and your spouse are legally sepand it is that do not include evading the state of the sta	arated under nonba	ankruptcy law that appli	es or that you	
bankrup August 3 in the re	otcy case. 11 U.S.C. 31. If the amount of y sult. Do not include a	. § 101(10A). For exame rour monthly income var any income amount more	ed from all sources, derived ple, if you are filing on Septem ied during the 6 months, add the than once. For example, if behave nothing to report for any	ber 15, the 6-mont ne income for all 6 oth spouses own t	h period would be Mard months and divide the he same rental property	ch 1 through total by 6. Fill	
				Column A	Column B		
				Debtor 1	Debtor 2 or non-filing spouse		
0 Va				A755.05			
	oss wages, salary, to all payroll deductions)	ips, bonuses, overtime	, and commissions	\$755.85	\$0.00		
•	/ and maintenance p n B is filled in.	payments. Do not inclu	de payments from a spouse	\$0.00	\$0.00		
expense regular o your dep	es of you or your depondributions from an pendents, parents, and	d roommates. Include r		\$0.00	\$80.83		

on line 3.

\$0.00

Column A Debtor 1

Column B Debtor 2 or non-filing spouse

\$0.00

\$0.00

Net income from operating a business, profession, or farm

	Deptor 1	Debtor 2			
Gross receipts (before all deductions)	\$1,200.00	\$0.00	-		
Ordinary and necessary operating expenses	\$0.00	\$0.00	Copy		
Net monthly income from a business, profession, or farm	\$1,200.00	\$0.00	here 👈	\$1,200.00	\$0.00

Net income from rental and other real property

Interest, dividends, and royalties

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating - expenses	\$0.00	\$0.00	Сору		
Net monthly income from rental or other real property	\$0.00	\$0.00	here 👈	\$0.00	\$0.00

8.

Unemployment compensation	\$0.00	\$0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		

\$0.00

\$0.00 For your spouse....._ Pension or retirement income. Do not include any amount received that \$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a

For you.....

separate page and put the total below.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column.

Total amounts from separate pages, if any.

was a benefit under the Social Security Act.

Then add the total for Column A to the total for Column B.



7.

monthly income

Debtor 1 Debtor 2			lilton Ray Saunders loyce Louise Saunders		Case number (if known)				
P	art 2:		Determine Whether the Means 1	Test Applies to You					
12.	Calc	alculate your current monthly income for the year. Follow these steps:							
	12a.	Co	py your total current monthly income from	line 11	Copy line 11 here 😝 12a. \$2,036.68				
		Mu	ultiply by 12 (the number of months in a ye	ar).	X 12				
	12b.	The	e result is your annual income for this part	of the form.	12b. \$24,440.16				
13. Calculate the median family income that applies to you. Follow these steps:			the median family income that applies						
	Fill in	the	state in which you live.	Texas					
	Fill in	the	number of people in your household.	4					
	Fill in	Fill in the median family income for your state and size of household							
			list of applicable median income amounts ns for this form. This list may also be avai		·				
14.	How	ow do the lines compare?							
	14a.	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.							
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.				
P	art 3:		Sign Below						
	By:	signi	ng here, I declare under penalty of perjury	that the information on this sta	atement and in any attachments is true and correct.				
X /s/ Milton Ray Saunders Milton Ray Saunders, Debtor 1					s/ Joyce Louise Saunders byce Louise Saunders, Debtor 2				
		Date	· 5/31/2019	Date	5/31/2019				
			MM / DD / YYYY		MM / DD / YYYY				
	If yo	ou ch	necked line 14a, do NOT fill out or file For	m 122A-2.					

If you checked line 14b, fill out Form 122A-2 and file it with this form.